



EXPRESS MAIL LABEL NO. EJ 077704641US

HON. COMMISSIONER OF PATENTS & TRADEMARKS
WASHINGTON, D.C. 20231

SIR:

PLEASE APPLY A RECEIPT STAMP HERETO AND MAIL TO
ACKNOWLEDGE RECEIPT OF THE ATTACHED:

\$710.00 & \$40.00 check, abstract,
9 pgs. spec., 1 drawing sheet, Signed
Peter Kleinschmidt, et al Declaration & Assignment,

APPLICANT

TYPE OF DOCUMENT(S)

Priority Document, 12 claims, Express
Mail Letter

Case No. P01,0203

June 14, 2001
MAILING DATE

REFERENCE NUMBER

491-899 due June 15

SCHIFF HARDIN & WAITE

11040 U.S. PTO
09/881217
06/14/01

BEST AVAILABLE COPY

TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

RE APPLICATION OF:

Kleinschmidt et al.

GROUP ART UNIT: 3626

SERIAL NO.:

09/881,217

EXAMINER: Dilek B. Cobanoglu

FILED:

June 14, 2001

CONFIRMATION NO.: 7579

TITLE:

"A TELE-HEALTH INFORMATION SYSTEM"
AMENDMENT "A"

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*12	MINUS	**9	X	() X 25.00 () X 50.00	
INDEP. CLAIMS	*1	MINUS	1	X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$0.00		

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ is attached.

☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on November 1, 2005

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

November 1, 2005

DATE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A"

APPLICANTS: Kleinschmidt et al. GROUP ART UNIT: 3626
SERIAL NO.: 09/881,217 EXAMINER: Dilek B. Cobanoglu
FILED: June 14, 2001 CONFIRMATION NO.: 7579
TITLE: "A TELE-HEALTH INFORMATION SYSTEM"

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

In response to the Office Action dated August 1, 2005, Applicants herewith
amend the application as follows.